

Compensation Review

Name _____ Date _____

Salary (twelve months) \$ _____

Matching Social Security (FICA) \$ _____

Unemployment \$ _____

Health/Medical Insurance \$ _____

Group Life and Disability Insurance \$ _____

Pension/Profit Sharing Plan \$ _____

Seminars and C.E. (tuition, travel, meals, lodging) \$ _____

Uniforms \$ _____

Staff Incentive Program (bonus) \$ _____

Professional Dues \$ _____

Paid Holidays \$ _____

Vacation Pay \$ _____

Dental Care (self/family) \$ _____

Other \$ _____

Total Paid For You \$ _____

Comments: _____

Recommendations: Salary _____ Benefits _____

Doctor signature: _____ Employee signature: _____

Note: Original to be filed in Employee Personnel File; copy to be given to employee.